U.S. Department of Labor Office of La V-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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1. File Number U - - + 4/6/07

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name _{Paul} A Markwitz	Name IBT Local 791				
	Labor Organization File Number (.(/ 75-9				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 6106 LaFrank Drive	Street 1354 Buffalo Road				
City Ontario	City Rochester				
State New York ZIP Code + 4 14519	State New York ZIP Code + 4 14624				
5. Position in labor organization. President					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
,, ,	·				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, 3 any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, # any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, 3 any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, soiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment 3 o ARG & Frubles		
Name Upstate NY Bakery & IND. Pension Fund	Ger phrached		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 109 S. Warren Street, Suite 1103			
City Syracuse			
State New York ZIP Code + 4 13202			
13.b. Is the Business an Employer ★ or Consultant ?	14.b. Amount of payment		

12.b. Amount,



Name of Person Filing PAUL MARKWITZ

ATTACHMENT TO PAGE 2, PART C, FORM LM-30

Mame an	d address of business:			
Name	Upstate NY Bakery Driv	ers & Ind Pension Fund		***************************************
Trade Na	me, if any:			
P.O Box,	Bldg., Room No., if any			
Street	109 S. Wa rren Street,	Suite #1103, State Tower Bldg.		
City	Syracuse			
State	NY	Zip Code •	- 4	13202
Nature of	Payment:	-	Constitut	
	sement of expenses for a 8 travel, accomodations, me	BOT Meeting in Orlando, FL from eals & Incidentals.	February 19	9 - 20, 2004,
		Date of Payment		3/2/2004
		Amount of Payment:	\$1	,106.85
Nature of	Payment:		_ _ _	
	eting room, food and bever and Cypress.	ages for the 2-20-04 meeting in (Orlando, FL.	20 ma Calanda
		Dale of Payment		/17/2004
• .		Amount of Payment:		\$165.21
	f Payment:			
	eting room, food and bever od Suites.	ages for the 4-05-04, meeting in	Syracuse, N	
		Date of Payment		4/5/2004
	(B	Amount of Payment:		\$28.43
	f Payment:	() 10 4 0 4 0 4 0 4 0 1	Cura	N/V
	eting room, food and bever od Suites	rages for the 10-14-04, meeting in	o Syracuse,	N T
		Date of Payment	10	/14/2004
		Amount of Payment:		\$40.37
Nature o	f Payment:			
				
		Date of Payment		
	,	Amount of Payment:		
	. /			

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